

Case Management Services  
Blind and Visually Impaired Children

Reassessment: A formal reassessment of the client's progress and needs conducted on a periodic basis. The case manager documents the reassessment in the client's case folder. At reassessment, the case manager will determine if modifications to the service plan are necessary and if the level of involvement by the case manager should be adjusted.

Service Limitations

Case management services are not payable when performed in conjunction with the proper and efficient management of the State Plan. In addition, case management services associated with the following are not payable as optional targeted case management services under Medicaid:

1. Medicaid eligibility determinations and redeterminations;
2. Medicaid eligibility intake processing;
3. Medicaid preadmission screening;
4. Prior authorization for Medicaid services;
5. Required Medicaid utilization review;
6. Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program administration;
7. Medicaid "lock-in" provided for under the Social Security Act, section 1915(a);
8. Services that are an integral or inseparable part of another Medicaid service, such as discharge planning from a Medicaid-participating acute care facility, nursing facility (NF), or intermediate care facility for the mentally retarded (ICF-MR);
9. Outreach activities that are designed to locate individuals who are potential Medicaid eligibles;
10. Any medical evaluation, examination, or treatment billable as a distinct Medicaid-covered benefit. (However, referral arrangements and staff consultation for such services are reimbursable as case management services);
11. Educational support services; and

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12. Services provided under the Community Care for the Aged and Disabled Program (CCAD).

E. Qualifications of Provider

Blind or visually impaired children have a severe, chronic disability and suffer impairment in areas of adaptive behavior such as self-care, mobility, self-direction, and the capacity for independent living. Because of this, these children fall under the definition of developmentally disabled as specified in the Developmental Disabilities Act of 1984 (P.L. 98-527). Section 4118(i) of P.L. 100-203, Omnibus Budget Reconciliation Act of 1987, is invoked, limiting the provider of case management services to the state authority on blindness and visual impairments, the Texas Commission for the Blind (TCB). The single state agency has determined that TCB is qualified to ensure that children with blindness and visual impairments receive the full range of services through case management that they need to assist them in achieving their maximum level of functioning in the community.

TCB has implemented standards and procedures to ensure that case management services are:

1. Offered on a statewide basis with procedures to ensure continuity of services and avoidance of duplication;
2. Provided by case managers who meet educational and work experience requirements commensurate with their job responsibilities and who have been trained for TCB case management activities. Case managers must
  - a. have a master's degree from an accredited college or university with an area of specialization in child development, special education, psychology, or a related field with one year of work experience with disabled children (preferably visually impaired) or parents of disabled children; or
  - b. have a bachelor's degree in a related field with a minimum of two years work experience with disabled children (preferably visually impaired) or their parents.
3. Provided through an identifiable unit of an organization that is vested with sole responsibility for the provision of case management services;
4. Delivered through a system in which the case manager is responsible for the overall coordination of services for the Medicaid client;

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5. Provided in compliance with TCB guidelines for financial and compliance auditing.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Texas

CASE MANAGEMENT SERVICES

- A. Target Group: High-risk pregnant women  
See attachment for criteria for defining high-risk pregnant women.
- B. Areas of State in which services will be provided:  
[X] Entire State
- C. Comparability of Services  
[ ] Services are provided in accordance with section 1902(a)(10)(B) of the Act.  
[X] Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.
- D. Definition of Services:  
See attachment.
- E. Qualification of Providers:  
See attachment.

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CASE MANAGEMENT SERVICES  
High-Risk Pregnant Women

A. Target Group:

The following is a compendium of high-risk conditions which will be used as criteria to determine high-risk pregnant women:

OBSTETRIC:

Age: 16 or younger

Age: 35 or older

Cesarean delivery, prior history of

Family history of significant genetic disorder

Fetal Demise/Stillbirth: Current/history of

Five (5) or more deliveries

Hyperemesis

Incompetent Cervix: Current/history of

Infant with birthweight < or = 5 1/2 pounds in prior pregnancies

Infant with birthweight > or = 9 pounds in prior pregnancies

Infant with congenital anomaly or genetic defect:

Current/history of

Infant with neurological deficit/significant birth injury

Intrauterine growth retardation: Current/history of

Isoimmunization; Rh or Irregular Antibodies:

Current/history of

Malpresentation after 36 weeks

Malnutrition/Significant weight loss/No or Inadequate weight gain (loss of 10 pounds or more from prepregnant weight/failure to gain 10 pounds by 28 weeks)

Multiple Gestation

Oligohydramnios

Placenta abruption: Current/history of

Placenta previa > or = 26 weeks

Polyhydramnios: Current/history of

Post dates (> or = 41 weeks)

Premature labor: Current/history of

Premature rupture of membranes prior to 36 weeks:

Current/history of

Recurrent spontaneous abortion > or = 3

Trauma/Injury/Hospitalization for major surgery

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High-risk Pregnant Women

## GYNECOLOGIC:

Breast/Gynecological Cancer/Other Malignancies  
Cervical Intraepithelial Neoplasia/Dysplasia  
Pregnant with an intrauterine device  
Sexually transmitted diseases (Herpes or history of, Syphilis, Gonorrhea, Chlamydia, Condylomata, AIDS, HIV seropositivity, etc.)  
Uterine/Pelvic Abnormalities (Leiomyoma, Adenexal mass, significant damage of bony pelvis, etc.)

## MEDICAL:

Anemia, Severe < or = 9 Gms Hgb./ < or = 27% Hct.  
Bleeding Diathesis (Hemophilia, Idiopathic Thrombocytopenic Purpura, Von Willibrand's Disease, etc.)  
Cardiac Disease (Valvular Anomalies, Cardiomyopathy, Conduction Defects or history of Congenital Defects)  
Collagen Vascular Disease: Current/history of (Systemic Lupus Erythematosus, Rheumatoid Arthritis, Sjogrens Disease, Mixed connective tissue disease)  
Diabetes/Glucose Intolerance: Current/history of  
Endocrine Disorders (Hypo/Hyperthyroidism; Hype/Hyperadrenalism, Pituitary Disease)  
Gastrointestinal Disease (Peptic Ulcer Disease, Pancreatitis Ulcerative Colitis, Regional Enteritis, etc.)  
Hemoglobinopathies (Sickle Cell Disease)  
Hepato/Biliary Disease (all types of Hepatitis, Hepatitis B surface antigen positivity, Cholelithiasis, Cholecystitis, etc.)  
Hypertension - Pregnancy Induced/Preexisting Hypertension: Current/history of  
Infections Complicating Pregnancy (Rubella, Cytomegalovirus, Toxoplasmosis, HIV)  
Mental Retardation  
Neurologic Disease (Seizure disorder, Myasthenia Gravis, Multiple Sclerosis)  
Obesity > or = 200 pounds prepregnant weight  
Psychiatric Disease: Current/history of (Schizophrenia, Depression, Manic-depression, Psychosis)  
Pulmonary Disease (severe Asthma, active Tuberculosis)  
Thrombophlebitis/Pulmonary Thromboembolism: Current/history of  
Renal Disease (Glomerulonephritis, Renal Insufficiency/failure of history of)

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SIGNIFICANT PERSONAL/SOCIAL:

Alcohol abuse or history of  
Drug abuse or history of  
Third trimester entry into prenatal care/No prenatal care  
Tobacco abuse (greater than 10 cigarettes/day)

OTHER:

Radiation exposure > .5 REM  
Toxic Exposure (i.e., lead, CFC's, PCB, etc.)  
Any other high-risk conditions that are not specifically mentioned above, but that put the health of the mother or infant in jeopardy.

D. Definition of Services:

As defined in Section 1915(g)(2) of the Act, optional targeted case management services is defined as services which will assist individuals eligible under the Plan in gaining access to needed medical, social, educational, and other services. The case management service is provided to assist targeted Medicaid clients in gaining access to these other services, and not to deliver the services. Case managers will provide necessary coordination with providers of nonmedical services, such as nutrition, psychosocial, or educational programs, when services provided by these entities are needed. The case manager will coordinate these services with needed medical services.

The purposes of case management for high-risk pregnant women are to: reduce morbidity and mortality among pregnant women and infants, encourage the use of cost-effective medical care, make referrals to appropriate providers, and discourage overutilization or duplication of costly services. This process will not serve, however, as a "gatekeeper" function and will not prohibit the recipient from having a free choice of case management providers and providers of other Medicaid services.

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Case management services are provided through a definable system, which includes:

- o Risk Assessment/Initial Intake: Initial contact with the Medicaid client is made to evaluate the client's individual situation to determine the need for high-risk case management. A uniform assessment tool is used to determine whether or not the client meets the established high-risk criteria. The process includes written documentation of client identifying information and the nature of the presenting problem. Initial intake may be done by telephone, through face-to-face interview, or by referral from another professional.
- o Comprehensive Needs Assessment: The formal written comprehensive assessment is developed by the case manager in a face-to-face interview with the Medicaid client. The documentation lists medical, social, nutritional, and educational needs of the Medicaid client. A home visit may be employed to complete the comprehensive needs assessment.
- o Service Implementation: A written service plan is developed to address the specific needs of the client as identified in the comprehensive needs assessment. It establishes priorities among the needs identified and formulates a plan of care to address these needs. The plan of care should be developed by the case manager and the client.

It must outline the responsibilities of the case manager, the client, and the appropriate family members. Emphasis is placed on providing participants with information and direction that will enable them to successfully access and utilize the needed services identified by the plan of care.

The plan must include:

1. the persons involved in the development of the service plan;
2. measurable goals to be achieved via the provision of services; and

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3. the description of all services to be provided [i.e., education, transportation, medical, referral to the Supplemental Feeding Program for Women, Infants and Children (WIC), etc.], and schedules for the case manager to monitor the service plan and perform a formal reassessment.

The case manager arranges for the delivery of appropriate services to the client. Through negotiation, the case manager will assist service provider agencies and individuals in planning and program development that will meet the needs of the high-risk pregnant woman. This consultation will no way delegate to other than the department's own officials, authority to exercise administrative discretion in the administration or supervision of the State Plan or issue policies, rules, and regulations on program matters.

Service implementation may involve telephone calls, face-to-face contact and home visits. Referrals for education and counseling, and assistance with transportation arrangements may also be included as activities of the case manager.

Activities by the case manager for service implementation will be documented in writing.

- o Monitoring: The case manager will monitor to determine:
  1. what services have been delivered;
  2. whether the services were delivered as scheduled; and
  3. whether the services are consistent with the client's service plan.

Modifications to the service plan or a change of service provider may be required. Monitoring will be conducted on a periodic basis. Each monitoring activity (face-to-face or telephone) will be documented in writing. The recommended schedule for pregnant women, unless modified for individual needs, is monthly, then one month post-partum.

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- o Reassessment: A formal written reassessment of the client's progress and needs will be conducted on a periodic basis and will be documented in writing. At the reassessment, the case manager will determine if modifications to the service plan are necessary and if the level of involvement by the case manager should be adjusted. Reassessment will also include determining whether or not case management services need to be continued. Following initial assessment, reassessment must occur once during pregnancy.

## Service Limitations

Case management services are not reimbursable as Medicaid services when another payor is liable for payment. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose or if they are provided free to the user. Case management services are not payable when performed in conjunction with the proper and efficient management of the State Plan. In addition, case management services associated with the following are not payable as optional targeted case management services under Medicaid:

1. Medicaid eligibility determinations and redeterminations;
2. Medicaid eligibility intake processing;
3. Medicaid preadmission screening;
4. Prior authorization for Medicaid services;
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